



True & False

(extended multiple choice)

Dr. MOHAMMED EL AMAR

VISIT...

LANZAROTE
Caliente.COM

© Copyright 2011 by Mohammed El-Matary

All rights reserved. No part of this book may be used or reproduced in any manner whatsoever without written permission, except in the case of brief quotations embodied in critical articles or reviews.

The publishers have made every effort to trace the copyright holders for borrowed material. If they have inadvertently overlooked any, they will be pleased to make the necessary arrangements at the first opportunity.

First Published 2008
Second Edition 2011

For further Information, visit our web site:
www.mataryonline.net

**What do you think about this book? Or any other Mohammed El-Matary title?
Please send your comments to info@mataryonline.net**



Dedication

*Allah the all merciful, I beg Thee
To accept this effort
For the soul of my mother
She was your gift for me*



Acknowledgements

The author wishes to acknowledge with gratitude all those who had helped in preparation and production of this book & who have contributed with their suggestions and ideas for the new edition:

Ibrahim Ashraf hassan, M.B.B.Ch

Ain Shams University

Kareem Mohamed Ali, M.B.B.Ch

Ain Shams University

Khaled Abdou, M.B.B.Ch

Ain Shams University



Preface

This book provides an update for medical students who need to keep abreast of recent developments. I hope also it will be useful for those preparing for postgraduate examination.

This book is designed to provide more than 500 True & False Questions in the form of Extended Multiple Choice Questions, which covers the most encountered surgical cases in emergency department and also in the outpatient clinic.

Summaries of relevant anatomical considerations are included in every chapter, taking into account that this book is written primarily for those who have some knowledge of anatomy, physiology, biochemistry and pharmacology.

The author is extremely grateful to all the contributors for the high standard of the new chapters, and hopes that you, the reader, will enjoy going through these pages as much as he had.

M. El-Matary

Table of contents

Questions

1	General surgery	1
2	Breast	5
3	Thyroid	8
4	Parathyroid & Adrenal glands	11
5	Testis	12
6	Hernia	13
7	Vascular surgery	15
8	Orthopedic surgery	18
9	Neurosurgery	21
10	Urosurgery	23
11	Cardiothoracic surgery	27
12	Plastic surgery	29
13	GIT surgery	32

Answers

General Surgery

1- The normal adult value for:

- a. Urine output is 1.5 liter/day.
- b. Insensible water loss is 200ml/day.
- c. K^+ requirements is 150 mEq (150 mmol)/day.
- d. Protein requirement is 70g/day.

2- In healthy 70 Kg male:

- a. Total body water measures approximately 40 liters.
- b. ECF volume measures approximately 8 liters.
- c. Plasma volume measures approximately 3.5 liters.
- d. Third space measures approximately 1 liters.

3- A low serum Na^+ level:

- a. Is commonly present in the early postoperative period.
- b. May cause stupor & fits.
- c. Should be treated with isotonic saline infusions.
- d. Is associated with an impaired ability to excrete water.

4- K^+ deficiency should be suspected:

- a. In cases of paralytic ileus.
- b. When the patient reflexes are exaggerated.
- c. If there is an increase in height & peaking of the T waves of an ECG.
- d. In alkalotic status.

5- K^+ deficiency:

- a. Can be effectively monitored by the serum K^+ levels.
- b. May render digitalis therapy more dangerous.
- c. Should be treated with an infusion of normal saline with K^+ supplements.
- d. Is not usually present in intestinal obstruction.

6- The effects of a major ECF deficiency:

- a. Include a decreased skin turgor.
- b. Hypotension.
- c. Excessive salivation.
- d. May be corrected by an infusion of isotonic saline.

7- ECF losses are often extensive in:

- a. Intestinal obstruction.
- b. Peritonitis.
- c. Pancreatitis.
- d. Hepatic coma.

TRUE & FALSE QUESTIONS

8- Increases in the ECF volume can be accurately assessed & fluid overloading avoided by:

- a. Serum electrolyte determinations.
- b. The measurement of the CVP.
- c. The measurement of hourly urine volumes.
- d. Serial body weighing.

9- The anuric patient:

- a. Should have a fluid intake of 1 – 1.5 L/day.
- b. Should have no K⁺ administered.
- c. Is at risk from metabolic alkalosis.
- d. Should be on continuous urinary catheter drainage.

10-Acute post-traumatic renal failure:

- a. May be due to hypovolemia & poor tissue perfusion.
- b. Is particularly associated with crush injuries.
- c. May be due to kidney damage following tubular obstruction.
- d. Should initially be treated by fluid restriction.

11-IV parenteral feeding:

- a. Should deliver at least 2500 calories/day to an adult.
- b. Should deliver at least 10 g of nitrogen/day to an adult.
- c. Can be effectively achieved with isotonic solutions.
- d. Is without complications with present day solutions & methods of administration.

12-Shock can be most comprehensively defined as:

- a. A sudden large volume blood loss.
- b. A diminished effective circulating fluid volume.
- c. A hypotensive state with peripheral vasoconstriction.

13-In all forms of shock there is:

- a. An impairment of cellular oxygenation.
- b. A decreased cardiac output.
- c. A diminished effective circulating fluid volume.
- d. A low CVP

14-Important & urgent measures in the diagnosis & treatment of shock are:

- a. Warming the patient.
- b. Measurement of the CVP.
- c. Noting the pressure of the CVP to a rapid infusion of 200 – 500 bml of fluid.
- d. Urinary catheterization.

15-The metabolic acidosis of shock can be effectively treated by:

- a. Warming the patient.
- b. Administering sodium bicarbonate.
- c. Artificial ventilation.
- d. Restoring normal tissue perfusion.

TRUE & FALSE QUESTIONS

16-Hypovolemic shock may result from:

- a. A 25% 3rd degree burn.
- b. Generalized peritonitis.
- c. Massive pulmonary embolism.
- d. Intestinal obstruction.

17-Appropriate immediate IV infusions in all cases of non-cardiogenic shock are:

- a. Whole blood.
- b. Ringer's lactate.
- c. Normal saline.
- d. Low molecular weight dextran.

18-Septic shock:

- a. Is only caused by gram negative organisms.
- b. Carries a favorable prognosis.
- c. Produces a cellular defect that inhibits oxygen utilization.
- d. Is particularly associated with infective complications of the gastrointestinal & genitourinary systems.

19-Septic shock is particularly associated with:

- a. Thoracic surgical patients.
- b. Hypovolemia.
- c. Indwelling urinary or IV catheters.
- d. Gram negative bacteremia.

20-Early septic shock is commonly associated with:

- a. A high CVP.
- b. A high cardiac output.
- c. A low blood pressure.
- d. Cold sweaty extremities.

21-The presence of spontaneous hemorrhage in septic shock suggests:

- a. Hypovolemia.
- b. Liver failure.
- c. Excessive fibrinolysis.
- d. DIC.

22-Septic shock is associated with a hypodynamic cardiovascular state:

- a. If preceded by existing hypovolemia.
- b. In generalized peritonitis.
- c. When there is a gram positive bacteremia.
- d. In elderly patients.

TRUE & FALSE QUESTIONS

23-A blood transfusion reaction:

- a. May be due to incompatibility of the recipient serum & donor cells.
- b. Is manifest by thrombophlebitis of the infusion site.
- c. Occurs within the 1st 30 minutes of transfusion.
- d. May produce renal damage.

24-Pyrexial reactions to blood transfusion:

- a. Have increased since the introduction of sterile disposable infusion sets.
- b. May be caused by allergic reactions.
- c. May be caused by contaminated blood.
- d. May be a response to a large transfusion of cooled blood.

25-Massive blood transfusions may be complicated by:

- a. Hyperkalemia.
- b. Hypercalcemia.
- c. Hepatic coma.
- d. Leucopenia.

Breast

1- As regard ↑ risk factors for breast cancer:

- a. Sclerosing adenosis is considered to be one of the high risk factors for developing cancer breast.
- b. Most important risk factor for cancer breast are obesity, nulliparity and alcohol use
- c. Oophrectomy before 35 years increases the risk of cancer breast.
- d. Paget's disease of the breast is a precancerous condition.

2- As regard treatment of cancer breast:

- a. Axillary LNs dissection is routinely used for 3 cm comedo type intraductal carcinoma
- b. Axillary LNs dissection is routinely used for medullary carcinoma in the upper outer quadrant.
- c. A positive surgical margin for invasive cancer is a strong contraindication for breast preservation (lumpectomy with breast radiation) as primary surgical TTT for a newly diagnosed breast cancer.
- d. The proper treatment for LCIS (lobular carcinoma in situ) is close follow up.

3- Regarding treatment of cancer breast:

- a. Postoperative radiation therapy given to the entire breast after breast conserving procedure reduces the incidence of local tumor recurrence.
- b. As regard radiation therapy after lumpectomy the total dose given to the breast is usually in the range of 2500 – 3000 CGy
- c. As regard pre-menopausal women three years after mastectomy for breast cancer presents with liver metastasis, the best line of management is combination chemotherapy
- d. Endocrine therapy is appropriate as the first line of treatment for all women with metastatic breast disease

4- As regard gynecomastia:

- a. Drug related gynecomastia is often bilateral and equal
- b. Discontinuation of the drug related to gynecomastia lead to resolution of the condition
- c. A formal endocrine evaluation is indicated for any case of gynecomastia
- d. The standard surgical treatment of gynecomastia consists of subcutaneous mastectomy.

TRUE & FALSE QUESTIONS

5- As regard breast reconstruction after mastectomy:

- a. As regard reconstruction of the breast following mastectomy → a permanent prosthesis or tissue expander may be inserted at the time of the ablative surgery.
- b. As regard reconstruction of the breast following masectomy → if the patient requires adjuvant chemotherapy or radiation therapy reconstruction of the breast is contraindicated.
- c. Timing of breast reconstruction essentially relates to tumor stage.

6- In diagnosis of breast mass:

- a. Frozen section examination is particularly useful in the diagnosis of sclerosing adenosis.
- b. Fibroadenosis is one of the benign breast processes that confused radiologically with cancer.
- c. Non palpable intraductal papilloma can often be diagnosed with ductography.
- d. Mammography plays the most important role in diagnosis of fibroadenoma.
- e. Microcalcification in mammography is malignant in 35% of cases.

7- Nipple discharge is a leading symptom in various breast pathologies:

- a. Serous non-bloody nipple discharge is unlikely to be due to intraductal papilloma
- b. As regards to unilateral bloody nipple discharge from one duct orifice, this is most commonly caused by intraductal carcinoma
- c. Paget's disease of the nipple is a common cause of nipple discharge
- d. As regards bloody nipple discharge, subareolar mastitis is one of its common causes.
- e. Bilateral galactorrhea is suggestive of endocrinal disorder.

8- Fibroadenoma of the breast:

- a. Are commonest in early adult life.
- b. Are indiscrete & difficult to distinguish.
- c. Are usually painless.
- d. Resolve without treatment.

9- Fibrocystic disease of the breast:

- a. Is a variant of the normal cyclical changes that the breast undergoes during menstruation.
- b. Normally unilateral.
- c. Tends to progress in the post-menopausal years.
- d. Is precancerous.

TRUE & FALSE QUESTIONS

10- An intraduct papilloma of the breast:

- a. May cause a bloody nipple discharge.
- b. May be diagnosed with the aid of contrast radiography.
- c. Should be treated by simple mastectomy.
- d. Associated with fibrocystic disease of the breast.

11- Paget's disease of the breast:

- a. Usually presents as a bilateral eczema of the nipple.
- b. Is always related to an underlying breast cancer.
- c. Indicates incurable breast cancer.
- d. Has non-specific histological characteristics.

12- Breast cancer:

- a. Often presents with a history of breast pain.
- b. Is most common in the upper outer quadrant of the breast.
- c. Can be diagnosed preoperatively by the experienced clinician in 95% of cases.
- d. Must be considered on discovering any discrete mass in the breast.

13- The signs & symptoms of breast cancer include:

- a. A milky nipple discharge.
- b. Eczematous changes in the nipple & areola.
- c. Pre-menstrual breast pain.
- d. Skin tethering.

14- Signs of incurable breast cancer include:

- a. Tumor fixation to the chest wall.
- b. Skin ulceration.
- c. Palpable enlarged mobile ipsilateral axillary LNs.
- d. A bloody nipple discharge.

Thyroid

1- As regard medullary thyroid carcinoma:

- a. Sporadic medullary thyroid carcinoma should be suspected whenever the tumor is bilateral and multifocal
- b. Familial form of medullary thyroid carcinoma (MTC) should be suspected when pathologic examination of the resected thyroid gland reveals the presence of C-cell hyperplasia in area of the gland adjacent to foci of MTC.
- c. Thyroid scanning can't detect medullary carcinoma. t
- d. Sporadic cases in medullary carcinoma have better prognosis f

2- In the management of papillary thyroid carcinoma:

- a. After total thyroidectomy for management of papillary carcinoma of the thyroid thyroglobulin levels can be used as an effector marker for recurrence.
- b. After total thyroidectomy for management of papillary carcinoma radio-active iodine can be used to identify and treat metastasis
- c. All papillary carcinoma are capable of taking up radioactive iodine providing that the patient has had total thyroidectomy and there is no normal thyroid tissue
- d. Well-differentiated papillary and follicular carcinoma can compete successfully for I131 with normal thyroid tissue.

3- As regard various types of thyroid cancer:

- a. Follicular carcinoma is more common at young age group
- b. Papillary carcinoma has a marked tendency for vascular invasion and spreads hematogenously to bone, lung, liver and central nervous system
- c. Follicular carcinoma is the most common types of well-differentiated thyroid carcinoma.
- d. Extensive angioinvasion indicates a less favorable progressive follicular carcinoma
- e. Follicular carcinoma are frequently multicentric

4- As regard the anatomy of thyroid gland:

- a. The superior thyroid artery is usually the first branch of external carotid artery
- b. The inferior thyroid artery enter the thyroid gland from its lower poles
- c. Thyroid ima arteries are found in approximately 20% of individuals
- d. The principal blood supply of the parathyroid glands is the superior thyroid arteries

TRUE & FALSE QUESTIONS

5- When a multinodular goiter is large enough to cause respiratory symptoms:

- a. Retrosternal extension must be suspected.
- b. When multinodular goitre enlarge enough to cause symptoms of tracheal compression surgical treatment is required
- c. Medical treatment may be effective to cause regression in thyroid enlargement causing symptoms
- d. As regard progressive enlargement of multinodular goitre, cause tracheal compression → radioactive iodine can be used to cause regression as an alternative to surgical treatment

6- As regard goiterous hypothyroidism in adults:

- a. The most common cause of goiterous hypothyroidism in adults is Riedel's thyroiditis
- b. Hashimoto's thyroiditis is more common in females than males
- c. Early initiation of thyroid hormone replacement in the treatment of Hashimoto's is recommended
- d. Surgical reduction of goiter is not a line of treatment in Hashimoto's.

7- In the treatment of hypothyroidism:

- a. The risk of hypothyroidism try to treatment of hyperthyroidism by radioactive iodine increase in frequency with time
- b. Anti-thyroid drugs are the initial therapy in most patients with Grave's disease
- c. Anti-thyroid drugs as a definitive therapy of Grave's disease is the most effective one
- d. The risk of recurrence of hyperthyroidism after response to radioactive therapy is low

8- Symptoms of hypothyroidism include:

- a. Intolerance to cold.
- b. Increased appetite.
- c. Emotional instability.
- d. Diarrhea.

9- Treatment of hypothyroidism with radioactive iodine:

- a. Is complicated by the late occurrence of thyroid cancer.
- b. Should not be undertaken in patients below the age of 40.
- c. Is frequently complicated by the development of myxedema.
- d. Is often complicated by a short-lived exacerbation of the hyperthyroid state.

10- Autoimmune thyroiditis (Hashimoto's thyroiditis):

- a. Characteristically occurs in young females.
- b. Often presents with hyperthyroidism.
- c. Produces soft diffuse enlargement of the thyroid gland.
- d. Is associated with regional LN enlargement.

TRUE & FALSE QUESTIONS

11-Follicular carcinoma of the thyroid:

- a. Is most common in females.
- b. Is most common above the age of 30 years.
- c. Usually metastasises to LNs.
- d. Is associated with a relatively good prognosis in childhood.

12-Undifferentiated carcinoma of the thyroid:

- a. Is most common in females.
- b. Is most common above the age of 60 years.
- c. Is often TSH dependent.
- d. Often exhibits independent thyroid hormone production.

13-The surgical treatment of thyroid cancer:

- a. Should be by near total thyroidectomy in the potentially curable patient.
- b. Should include block dissection of the neighbouring LNs whether or not they appear to contain tumor.
- c. Is most successful in the papillary type of cancer.
- d. Should be preceded by a therapeutic dose of I^{131} .

Parathyroid & Adrenal Glands

1- As regard hyperparathyroidism:

- a. Treatment of tertiary hyperparathyroidism includes alpha hydroxyl Vit. D3
- b. Secondary hyperparathyroidism is caused by increased production of 1, 25 (OH)₂ vitamin D3 causing increasing intestinal Ca⁺² absorption and hypercalcemia
- c. Secondary hyperparathyroidism is best treated initially by total parathyroidectomy with auto-transplantation.
- d. Medical treatment of 2ry hyperparathyroidism include administration of aluminum containing phosphate binders

2- Primary hyperparathyroidism:

- a. Is most common in postmenopausal females.
- b. Occasionally diagnosed by routine biochemical screening of patients.
- c. Should be considered when a patient presents with tetany.
- d. Can be caused by adenomas or hyperplasia of the glands.

3- Skeletal signs, symptoms & radiological evidence of hyperparathyroidism:

- a. Include demineralization of bones.
- b. Include bone cysts & osteoclastoma formation.
- c. Include spontaneous fractures.
- d. Are the most common presenting complaints.

4- Pheochromocytoma:

- a. Are tumors of the spinal nerve roots.
- b. Frequently multiple.
- c. Characteristically present with a lemon-yellow skin discoloration.
- d. Can be effectively managed by long term medical therapy.

5- Neuroblastoma:

- a. Usually arise in the renal substance.
- b. Are one of the rarest solid tumors of childhood.
- c. Usually metastasise via the blood stream.
- d. Are difficult from Wilm's tumors on clinical examination.

6- Neuroblastoma:

- a. Characteristically produce 5-hydroxyindole acetic acid which can be detected in urine.
- b. Rarely metastasise to bone.
- c. Can't be satisfactorily treated by surgery.
- d. Have a better prognosis in younger patients

Testis

1- As regard testicular tumors:

- a. The incidence of carcinoma of testis in males with intra-abdominal testis is 5 times greater than general population
- b. The appropriate surgical treatment of suspected carcinoma of the testis is trans-scrotal open biopsy
- c. Tumor markers, alpha feto protein and HCG will both be of value in patients with testicular carcinoma regardless his tissue type.
- d. Seminoma is never to cause severe testicular pain.

2- Undescended testis:

- a. Often associated with inguinal hernia.
- b. Usaually descend at puberty.
- c. Can usually be made to descend by the examiner with warm hands.
- d. Should be treated by orchiopexy at puberty.

3- Seminomas of the testis:

- a. Most commonly occur before the age of 40.
- b. Usually sensitive to radiotherapy.
- c. Rarely metastasise via the blood stream.
- d. Generally carry a poor prognosis.

4- A treatoma of the testis:

- a. May contain ectodermal or endodermal but ot mesodermal cells.
- b. Has a 5 year survival of up to 80% in the treatoma differentiated (TD) variety.
- c. May be diagnosed by the Ascnheim-zondek preganacy test.
- d. Should only be treated by radiotherapy in incurable cases.

Hernia

1- As regard incidence of different types of hernia:

- a. The most common hernia in females is femoral hernia
- b. There's a male prevalence in inguinal and femoral hernias
- c. Direct hernia is common in old ages.
- d. More than 10% of cases of inguinal hernia are bilateral.

2- As regard uncommon types of hernia:

- a. Richter's hernia involves the anti-mesenteric border of the intestine within the hernial sac and may present with intestinal obstruction
- b. Sciatic hernia may present by a painful groin mass below the inguinal ligament
- c. Litter's hernia is defined by a Meckl's diverticulum presenting as the sole component of the hernial sac.
- d. In Maydl's hernia the sac may not be tender.

3- In repair of an inguinal hernia:

- a. A regard the repair of inguinal hernias the Bassini repair is accomplished by suturing conjoint tendon to cooper's ligament
- b. The Lichtenstein repair is accomplished by prosthetic mesh repair of the inguinal canal floor in a tension free maneuver
- c. The shouldice repair involves a multilayer repair of the floor of the inguinal canal
- d. As regard laparoscopic hernia repair the use of prosthetic mesh is required in all variations

4- The diagnosis of an inguinal hernia:

- a. In infants often depends on the history given by its mother.
- b. In adults is most easily made with the patient in the sitting position.
- c. Depends on the hernial sac or cough impulse being felt below the inguinal ligament.
- d. Is supported by the prescence of a transilluminable scrotal swelling.

5- Inguinal herniae:

- a. In children are usually of the indirect type.
- b. Of the indirect type are congenital in origin.
- c. Will regress spontaneously in children.
- d. In young adults are most commonly of the direct type.

6- Strangulated contents of hernial sacs:

- a. Always accompanied by intestinal obstruction.
- b. More common in direct than indirect inguinal hernia.
- c. Are usually irreducible.
- d. Produce local pain & tenderness.

7- Incisional heniae are related to:

- a. Wound infections.
- b. Anemia & malnutrition.
- c. Obesity.
- d. The use of adsorbable suture materials.

TRUE & FALSE QUESTIONS

8- Herniae in the umbilical region:

- a. Are always aquired.
- b. Usually occur in males.
- c. Usually require surgical repair in infants.
- d. Rarely strangulate.

9- An exomphalos:

- a. Is a congenital defect in the urethra.
- b. Is a congenital defect of the anterior abdominal wall.
- c. Is otherwise known as gastroschisis.
- d. Needs urgent surgical treatment.

10-As regard complications of hernia:

- a. Closure under excessive tension increase the risk of recurrent hernia
- b. Strangulation is the most serious hernia complication.
- c. Umbilical hernia is rare to strangulate.
- d. Sliding hernia is predisposed to strangulation.

Vascular Surgery

1- As regard management of deep venous insufficiency:

- a. Operative treatment is the main stay treatment of deep venous insufficiency
- b. The long term sequelae of DVT is diminished arterial perfusion
- c. Doppler ultrasonography is the most accurate method for diagnosis of calf veins
- d. The gold standard for venous assessment is non-invasive plethysmography

2- As regard pulmonary embolism:

- a. Most case of pulmonary embolism occur post operatively
- b. In most cases, pulmonary embolized in situ cleared without administration of pharmacological agents
- c. The preferred therapy for most patients of pulmonary embolism is intravenous heparin
- d. Thromboembolic agents in treatment of pulmonary embolism are safe to be administered as early as 48 hours post-operatively

3- In the management of pulmonary embolism:

- a. Atelectasis appearance in the radio-active pulmonary perfusion scan is similar to that of acute pulmonary embolism
- b. 20% occlusion of pulmonary vascular bed can produce cardiovascular collapse
- c. The single most important indication for emergency pulmonary embolectomy is pulmonary emphysema
- d. The treatment of fat embolism include systemic anti-coagulation, intravenous administration of alcohol and steroids.

4- As regard various types of aneurysms:

- a. The most common risk of carotid artery aneurysm is rupture
- b. The most common visceral aneurysm is hepatic aneurysm
- c. Femoral artery aneurysm occur bilaterally in 10% of cases
- d. For a patient with AAA the risk of a popliteal aneurysm is approximately 50%

5- As regard acute arterial ischemia:

- a. Parathesia/Hypothesia is a late sign of acute ischemia.
- b. In arterial embolism ECG may be indicated.
- c. In arterial embolism collaterals dilate in arterial to ameliorate the condition.
- d. Intraoperative doppler and/or arteriography may be indicated to ensure adequate embolectomy.

6- As regard Burger's disease:

- a. Burger's arteritis is more common in females.
- b. Burger's disease is usually symmetrical.
- c. Main line of treatment of Burger's disease is arterial surgery.
- d. Pain in Burger's disease is more than that of atherosclerosis.

TRUE & FALSE QUESTIONS

7- As regard varicose veins:

- a. Varicose veins are more common in females.
- b. Varicose veins may be a part of congenital mesenchymal weakness.
- c. Schwartz test is used to assess patency of the deep venous system.
- d. Venous ulcers are always associated with varicose veins.

8- Lymphedema tarda:

- a. Is a late complication of venous thrombosis.
- b. Should be treated by varicose vein surgery.
- c. Can be improved by postural drainage.
- d. Should be treated with prophylactic antibiotics.

9- Secondary lymphedema:

- a. May be caused by *Wuchereria bancrofti*.
- b. Of the arm in post-mastectomy patients undergoes lymphosarcomatous changes in 10% of patients.
- c. Characterized by increased number of lymphatics.
- d. Characterized by dermal backflow.

10-Acute arterial occlusion:

- a. Should be treated conservatively if the site of the occlusion is above the inguinal ligament.
- b. Demands the urgent use of vasodilator drugs.
- c. Of a limb is usually painless due to the anoxic damage produced in the peripheral nerves.
- d. May produce irreversible muscle necrosis after 6 hours.

11-Abdominal aortic aneurysms:

- a. Arise from an atheromatous vessel in approximately 50% of cases.
- b. Characteristically produce epigastric pain.
- c. Associated with duodenal ulceration.
- d. Which are asymptomatic are relatively benign conditions & should not usually be resected.

12-A dissecting aneurysm of the aorta:

- a. Usually starts around the aortic arch.
- b. Is so called because of the extensive mediastinal destruction it produces when it ruptures.
- c. Is associated with pregnancy.
- d. Is a feature of Marfan's syndrome.

13-The long saphenous vein:

- a. Arises on the medial aspect of the sole of the foot.
- b. Passes 1 cm in front of the medial malleolus.
- c. Passes behind the knee joint.
- d. Enters the femoral sheath by piercing the fascia lata.

TRUE & FALSE QUESTIONS

14-Commonly used sclerosants for varicose vein injection are:

- a. 3 % Na⁺ tetradecyl sulphate.
- b. Thrombin.
- c. Ethanolamine.
- d. 5% phenol in almond oil.

15-In DVT of the lower limb:

- a. One of the most common sites of origin is the short saphenous vein.
- b. One of the common site of origin is in the iliofemoral segment.
- c. The diagnosis can usually be made by clinical examination.
- d. Tender swollen thrombosed veins are usually palpable.

16-The incidence of postoperative venous thrombosis can be reduced:

- a. By raising the foot of the operating table during surgery.
- b. By passive calf contractions during an operation.
- c. By the IV administration of 500 ml of low molecular weight Dextran during operation & on the first 2 postoperative days.
- d. By the prophylactic use of SC heparin.

17-Venous ulcers of the lower limb:

- a. Are usually the result of longstanding varicose veins.
- b. Commonly follow DVT.
- c. Most commonly occur below the medial malleolus.
- d. Will usually heal when firm bandaging is applied.

Orthopedic Surgery

1- As regard open fractures:

- a. Intravenous antibiotics should be administered as soon as possible in case of open fracture
- b. Open fractures should be regarded as an emergency
- c. Wound closure in open fracture is necessary within 8 hours
- d. Open fractures most often result from low-energy injuries

2- Injuries of the arm:

- a. The most common injured structures as a result of anterior shoulder dislocation is axillary artery
- b. The classification of fractures of the proximal humerus is based on the mechanism of injury
- c. The radial nerve is at greatest risk for injury with fracture of the surgical neck of the humerus
- d. The best method of treating supracondylar fracture of the humerus in a child that is unstable when the elbow is fixed to 90 is hyperflexion to 130 and casting

3- As regard injuries of the forearm:

- a. Both bone forearm fractures in adults are best managed by closed reduction and casting.
- b. Galeazzi fracture is fracture of lower radius with inferior radioulnar dislocation.
- c. Monteggia fracture should be treated by O.R.I.F.
- d. Fracture head of radius is a common fracture in children.

4- As regard skeletal tuberculosis:

- a. Skeletal tuberculosis is of historical interest only.
- b. Skeletal tuberculosis is increasing in association with patients with HIV infection
- c. Skeletal tuberculosis most frequently encountered at the thoraco-lumbar junction
- d. Skeletal tuberculosis is seen in the absence of visceral tuberculosis

5- As regard skeletal malignancies:

- a. A radical margin in the resection of skeletal tumor removes the entire limb
- b. Ewing's sarcoma usually affects young age group and originates from reticulocytes.
- c. Osteoclastoma originates from osteoclasts.
- d. Osteosarcoma affects metaphysis as a primary site.

6- As regard the complications that may follow a fracture:

- a. An early sign of compartment syndrome in the hand include motor paralysis and absent radial pulse.
- b. Volkmann's contracture results from complete cut of blood supply.
- c. Myositis ossificans is common complication of injuries around elbow.
- d. Myositis ossificans is usually treated by early surgical removal.

TRUE & FALSE QUESTIONS

7- As regard acute osteomyelitis:

- a. Hematogenous osteomyelitis most frequently affects the metaphysis of long bones.
- b. Acute osteomyelitis is commonly preceded by trauma and infection reach through direct route
- c. It usually affects young age group.
- d. It may occur following splenectomy.

8- A fracture is said to be:

- a. Closed if an overlying skin lacerations has been sutured.
- b. Comminuted if there has been associated damage to adjacent nerves or vessels.
- c. A fatigue fracture if it occurs through a diseased bone.
- d. Pathological if it occurs through a bony metastasis.

9- Non-union is often seen in:

- a. Fractures of the 4th metatarsal.
- b. Fractures of the neck of the femur.
- c. Fractures of the condyle of the mandible.
- d. Colles' fracture.

10-In Colles' fracture the distal radial fragment:

- a. Is dorsally angulated on the proximal radius.
- b. Is usually torn from the intra-articular triangular disc.
- c. Is deviated to the ulnar side.
- d. Is usually impacted.

11-Dislocations of the shoulder joint:

- a. Most commonly occur in middle age.
- b. Usually occur when the arm is in the abducted position.
- c. Usually have the head of the humerus situated behind the glenoid fossa.
- d. Are often recurrent in the young.

12-Intracapsular fractures of the upper end of the femur are usually:

- a. Accompanied by shortening of the leg.
- b. Accompanied by external rotation of the leg.
- c. Accompanied by adduction of the leg.
- d. Treated by internal fixation.

13-Extracapsular fractures of the upper end of the femur are usually:

- a. Subtrochanteric in position.
- b. Subject to vascular necrosis of the head of the femur.
- c. Accompanied by internal rotation of the leg.
- d. Treated by internal fixation.

14-In fractures of the midshaft of the femur:

- a. The proximal fragment is usually flexed.
- b. The proximal fragment is usually abducted.
- c. The distal fragment is usually adducted.
- d. The common femoral vessels are usually damaged.

TRUE & FALSE QUESTIONS

15-Dislocation of the hip joint:

- a. Is most common when the hip is in a neutral position.
- b. Is usually associated with fracture of the acetabular rim.
- c. Usually results in the femoral head coming to lie anteriorly over the pubis or obturator externus.
- d. May be associated with injuries of the sciatic nerve.

16-In tuberculosis of the bone:

- a. The local reaction is characterized by extensive new bone formation.
- b. The metaphysis of a long bone is the commonest site of involvement.
- c. The infection is usually 2ry to a 1ry focus elsewhere in the body.
- d. Extension of the bone abscess into a joint is common.

17-Perthes disease of the hip:

- a. Is a degenerative disease of the elderly.
- b. Often presents with a fixed flexion deformity of the hip.
- c. May, in most cases, be treated non surgically.
- d. Has a better prognosis when diagnosed in a younger patient.

18-An osteoid osteoma:

- a. Usually presents in the adult.
- b. Is most frequently seen in the bones of the upper limb.
- c. Commonly presents with local pain.
- d. Demonstrates a small circular band of bony sclerosis surrounding a translucent area on X-rays.

19-The Ewing's sarcoma of the bone:

- a. Is classically a disease of middle age & late years.
- b. Can be effectively treated by radiotherapy.
- c. Frequently results in a pathological fracture.
- d. Usually occurs in the metaphysis of the long bones.

20-Chondrosarcoma:

- a. Which develop in the metaphysis are usually less well differentiated than those occurring around the epiphysis.
- b. Quite commonly invade the neighboring blood vessels.
- c. Commonly metastasize to LNs.
- d. Characteristically present as a pathological fracture.

Neurosurgery

1- As regard different types of nerve injury:

- a. Neuropraxia is a type of nerve injury in which the nerve is still in continuity but individual axons are disrupted
- b. Recovery from neurotmesis requires surgical repair
- c. The age of the patient influences the rate of success of nerve regeneration
- d. Secondary repair of a lacerated nerve 3-8 weeks after injury has several advantages

2- Extradural hematoma:

- a. is usually arterial in origin
- b. is usually accompanied with a skull fracture
- c. A concave lesion is a characteristic finding in CT scan
- d. The most common source is posterior branch of middle meningeal artery

3- As regard various types of skull fractures:

- a. Most of depressed skull fractures require surgery to elevate the depressed bone fragment regardless of neurogenic status
- b. CSF rhinorrhea associated with basal skull fracture requires surgical exploration and repair of the defect
- c. Prophylactic antibiotics are indicated in all basal skull fractures associated with CSF rhinorrhea or otorrhea
- d. Battle sign is a sign of fracture skull base at middle cranial fossa

4- As regard injury of the ulnar nerve:

- a. Delayed ulnar neuritis is due to neurofibromatosis
- b. Compression of ulnar nerve at wrist leads to carpal tunnel syndrome
- c. Card test is positive in ulnar nerve injury.
- d. Ulnar paradox occurs in ulnar nerve injury at elbow level

5- In head injuries the cause of a rising intracranial pressure include:

- a. Intracerebral hemorrhage.
- b. Cerebral edema.
- c. Rhinorrhea.
- d. Meningitis.

6- In head injuries the signs of an expanding intracranial lesion include:

- a. A falling level of consciousness.
- b. A rising pulse rate.
- c. A falling blood pressure.
- d. Small pupils.

7- Following head injuries surgical intervention is usually required for:

- a. Linear skull fractures.
- b. Cerebral edema.
- c. Depressed skull fractures.
- d. Extradural hemorrhage.

TRUE & FALSE QUESTIONS

8- Chronic subdural hematoma:

- a. Are common in the young.
- b. Have a characteristic angiographic appearance.
- c. Should be treated surgically.
- d. Have a better postoperative prognosis than acute subdural hematoma.

9- The characteristic signs of chronically raised intracranial pressure include:

- a. A bitemporal hemianopia.
- b. Papilledema.
- c. Epilepsy.
- d. Bradycardia.

10- In lesions affecting the common peroneal (lateral popliteal) nerve:

- a. Sensory loss is limited to the dorsal aspect of the first interdigital cleft.
- b. There is weakness of dorsiflexion of the foot.
- c. There is weakness of eversion of the foot.
- d. The toes become clawed.

11- Birth injuries involving the 5th & 6th cervical nerve roots of the brachial plexus:

- a. Are known as Klumpke's palsy.
- b. Are rarely followed by full recovery.
- c. Are characterized by the arm being held in the pronated & internally rotated position.
- d. Show weakness & wasting of the small muscles of the hand.

12- Brain tumors:

- a. In the adult are most commonly glioblastomata multiforme.
- b. In children are most commonly medulloblastoma.
- c. Of childhood are most commonly found in the posterior cranial fossa.
- d. Which arise extracerebrally are most commonly acoustic neuromata.

Urosurgery

1- As regard congenital polycystic kidney disease:

- a. In adult type the disease is usually detectable by US at the 1st decade
- b. It is either autosomal dominant or recessive
- c. The clinical picture of infantile type of polycystic kidney manifested at the 2nd decade of life
- d. Brain cysts can be associated in polycystic kidney

2- As regard hypospadias:

- a. Perineal type of hypospadias is the commonest
- b. Hypospadias may lead to dyspareunia and pseudoinfertility.
- c. Hypospadias may be associated with ectopic testis.
- d. MAGPI operation is frequently done for distal penile types.

3- As regard various anomalies of the urinary tract:

- a. Ectopic vesica is common in males than females with presence of umbilicus
- b. Posterior urethral valve is best diagnosed by urethroscopy
- c. Flower vase appearance in IVU is diagnostic for horse-shoe kidney.
- d. Pelviureteric junction obstruction may be caused by accessory renal artery.

4- As regard trauma to the urinary system:

- a. Intraperitoneal rupture of the bladder is the commonest type
- b. Rupture urethra commonly involve membranous urethra
- c. Fracture pubic and ischemic rami lead to rupture of bulbar urethra
- d. Intraperitoneal rupture bladder is usually caused by fracture pelvis.

5- As regard T.B. of the urinary system:

- a. Renal tuberculosis is manifested mainly by loin swelling
- b. The 1st symptom in urological TB is frequency
- c. The main route for renal TB is ascending spread
- d. Renal T.B. is of hematogenous origin.

6- As regard urinary stones:

- a. Oxalate stones are hexagonal in shape
- b. In bilateral renal stones, the greatly affected kidney is treated 1st to allow the best outcome
- c. Bilateral silent staghorn in old patient, surgical treatment in the best functioning kidney
- d. Oxalate stones are usually symptomatic with colic & hematuria.

7- In obstructive uropathy that is caused by stones:

- a. All ureteric stones need surgical removal
- b. The pain of ureteric colic is restricted to the loin
- c. 0.5 cm pelvic stone is an indication for conservative treatment.
- d. Urinary calculi are usually radio-opaque.

TRUE & FALSE QUESTIONS

8- As regard renal adenocarcinoma:

- a. Renal adenocarcinoma are of transitional cell origin.
- b. Renal adenocarcinoma usually are associated with anemia
- c. Renal adenocarcinoma frequently are presents by gross hematuria
- d. Renal adenocarcinomas are extremely radiosensitive

9- As regard bladder carcinoma:

- a. It is usually adenocarcinoma.
- b. Carcinoma of the bladder may mimic an acute UTI with irritability and hematuria
- c. Frequency is the commonest symptom for bladder cancer
- d. If cystoscopy demonstrate a bladder carcinoma as the cause of painless hematuria, no further evaluation is necessary

10-In treatment of bladder carcinoma:

- a. It is preferentially treated by radiation
- b. It may be treated conservatively by use of intravesical agents even if it invades the bladder muscle
- c. It is preferentially treated by partial cystectomy
- d. The results of treatment for locally advanced bladder tumors are similar with either radical cystectomy and radiation therapy.

11-As regard prostatic cancer:

- a. Ribs are the commonest skeletal metastasis in case of cancer prostate
- b. Serum prostatic acid phosphatase remains the most useful tumor marker for prostatic carcinoma
- c. There is currently no role of orchidectomy in the management of prostatic cancer
- d. Estrogen therapy in cases of advanced prostatic cancer can produce castrate level of testosterone

12-In renal cell carcinoma:

- a. In renal cell carcinoma, most cases are presented by pain, hematuria and loin pain.
- b. Polycythemia, hemoptysis and pathological fractures may manifest renal cell carcinoma
- c. Patients with renal cell carcinoma in a solitary kidney will require total nephrectomy and long term dialysis
- d. RCC is chemoresistant and radioresistant

13-For benign prostatic hyperplasia:

- a. Benign prostatic hypertrophy with bladder neck obstruction always accompanied by significant symptoms
- b. Intermittent catheterization, although a temporary measure is not an effective treatment for relief of symptoms of BPH
- c. The best treatment for BPH is laser prostatectomy
- d. Patients who are treated surgically for BPH require routine rectal examinations

TRUE & FALSE QUESTIONS

14-Wilm's tumor:

- a. Metastasize readily to the lungs.
- b. Metastasize readily to the bones.
- c. Are occasionally bilateral.
- d. Have the worst prognosis of all childhood abdominal tumors.

15-An adenocarcinoma of the kidney:

- a. Usually occurs in the 35 – 45 age groups.
- b. Usually presents with a urinary infection.
- c. Is often indistinguishable from a renal cyst radiologically.
- d. Frequently invades & grows along the renal artery.

16-Tumors of the renal pelvis:

- a. Usually present as a mass in the loin.
- b. Are possibly due to urinary carcinogen.
- c. Resemble those of the bladder in their histology.
- d. Are best treated by a partial or total nephrectomy.

17-Ureteric calculi:

- a. Often result from urinary tract infection.
- b. Frequently cause hematuria.
- c. Are not usually radio-opaque.
- d. Producing ureteric colic should be surgically removed.

18-Carcinoma of the prostate:

- a. Is commonly of squamous cell origin.
- b. Usually originates in the periphery of the gland.
- c. Usually presents relatively early with lower urinary tract symptoms.
- d. Can be readily diagnosed on rectal examination.

19-Carcinoma of the prostate:

- a. Does not usually metastasize.
- b. Usually produces an elevated serum acid phosphatase.
- c. Can be effectively treated by hormones.
- d. Is most effectively treated by surgery.

20-Benign prostatic hypertrophy:

- a. Is the result of hyperplasia of the fibromuscular capsule of the gland.
- b. Results in diminished power of urination.
- c. Results in terminal dribbling of urine.
- d. Often presents with hematuria.

21-Benign prostatic hypertrophy:

- a. Can readily be assessed on rectal examination.
- b. Can be effectively treated with hormones.
- c. Is most effectively treated by surgery.
- d. Is a premalignant condition.

TRUE & FALSE QUESTIONS

22-Acute prostatitis:

- a. Is most commonly due to coliform organisms.
- b. Often presents an ache in the perineum.
- c. May be diagnosed by rectal examination.
- d. Requires bladder catheterization as part of the treatment.

23-Bladder cancer:

- a. May follow exposure to beta-naphthylamine.
- b. Is more common in heavy smokers.
- c. Is more common in females.
- d. Is frequently associated with bladder schistosomiasis.

Cardiothoracic Surgery

1- The airway of an unconscious patient:

- a. Is protected from aspiration of vomit in the semiprone position.
- b. Is especially at risk in injuries of the face & neck.
- c. Can be effectively protected from aspiration of vomit by an oropharyngeal tube.
- d. Can be effectively protected from aspiration of vomit by a cuffed endotracheal tube.

2- A flail chest wall segment in an injured patient:

- a. Demands that frequent blood gas analysis is undertaken.
- b. Doesn't usually require mechanical ventilation.
- c. Should be treated by skeletal fixation.
- d. Is frequently complicated by myocardial or pulmonary contusion.

3- Blunt injuries to the chest:

- a. May cause aortic distension.
- b. May produce a flail segment of the chest wall.
- c. May be causing a flail chest wall segment, embarrassed expiration.
- d. When non-penetrating can't produce a pneumothorax.

4- Open chest wounds:

- a. Need an immediate thoracotomy.
- b. Need immediate sealing by any available method.
- c. Produce mediastinal flap.
- d. Produce mediastinal shift.

5- The diagnosis of hemothorax:

- a. Is more easily made on a supine position than an erect chest x-ray.
- b. Can't be made radiologically until more than 400 ml blood are present.
- c. May require needle aspiration of the chest.
- d. Once confirmed means that conservative measures can be adhered to.

6- A spontaneous pneumothorax:

- a. Is usually the result of pulmonary tuberculosis.
- b. Frequently occurs in patients with pre-existing pulmonary disease.
- c. Is usually treated without major surgery.
- d. Usually requires an exploratory thoracotomy.

7- In a pleural effusion:

- a. 500 ml of fluid may not be clinically or radiologically apparent.
- b. Needle biopsy of the pleura provides a diagnosis of the cause in more than 90% of cases.
- c. Rapid withdrawal of fluid is advisable in the case of large effusions.
- d. Blood staining usually indicates an inflammatory pathology.

TRUE & FALSE QUESTIONS

8- In Pancoast's syndrome:

- a. The Rt. vocal cord is commonly paralysed.
- b. Collateral veins develop over the anterior chest wall.
- c. Nocturnal pain in the upper arm is common.
- d. The growth is usually an adenocarcinoma of the lung.

Plastic Surgery

1- When determining the depth of a burn:

- a. A knowledge of the type of injury is important.
- b. The presence of blisters is of no clinical significance.
- c. Impairment of sensibility of the burned area should be tested.
- d. The presence of severe pain denotes a full thickness skin loss.

2- Estimation of the area of a burn:

- a. Is of very little clinical significance.
- b. Provides important prognostic information.
- c. Is an important factor in the estimation of the fluid required.
- d. Can be based on a formula which states that the adult trunk is 36% of the whole body surface area.

3- Patients with major burns:

- a. Are in a negative nitrogen balance.
- b. Have normal calorie requirements.
- c. Do not generally become anemic.
- d. Are resistant to septicemia.

4- The catabolic response to trauma and infection is characterized by:

- a. An increase in lean body mass.
- b. A positive nitrogen balance.
- c. Gluconeogenesis.
- d. A falling Hb level.

5- The catabolic response to trauma:

- a. Is related to the severity of the trauma.
- b. Is accompanied by increased urinary losses of K^+ and nitrogen.
- c. Can be prevented by parenteral nutrition.
- d. Doesn't occur in the adrenalectomised patient.

6- Scalds:

- a. Are more frequent in children.
- b. Commonly cause full thickness skin loss.
- c. Should be skin grafted within 48 hrs of the injury.
- d. Need routine antibiotic treatment.

7- The dressing of a small burn should be:

- a. Occlusive.
- b. Non-absorptive.
- c. Non-compressive.
- d. Changed daily as a routine.

TRUE & FALSE QUESTIONS

8- A partial thickness burn:

- a. May heal without grafting.
- b. May deteriorate into full thickness skin loss.
- c. Rarely causes severe physiological derangement of the patient.
- d. Heals within 7 days in the absence of infection.

9- Fluid losses in a major burn:

- a. Maximal between 12 and 24 hrs after the injury.
- b. Related to the age of the patient.
- c. Related to the weight of the patient.
- d. Related to the area burnt.

10-The increased fluid requirements of a patient with a full thickness burn are due to:

- a. Increased evaporative water loss.
- b. Sequestration of fluid in the injured tissues.
- c. Serum exuding from the burned area.
- d. Destruction of blood in the skin vessels.

11-48 hours after a major burn & with satisfactory fluid therapy a patient:

- a. Has very few abnormal fluid losses.
- b. May need a blood transfusion.
- c. Is often hypernatremic.
- d. Usually needs skin grafting.

12-Major burns are sometimes complicated by:

- a. Acute gastric and duodenal ulcers.
- b. Paralytic ileus.
- c. Cerebral edema.
- d. Mesenteric thrombosis.

13-In a burned patient, associated pulmonary injury:

- a. Should be suspected in head & neck burns.
- b. Should be suspected when the nasal airs are burnt.
- c. Does not appear clinically in the 1st 24 hrs.
- d. May be avoided by the prophylactic use of antibiotics.

14-Secondary infection of burns:

- a. Is less common in partial than in full thickness skin loss.
- b. Is relatively more common in burns of more than 20% body area.
- c. Is avoided by leaving the burn eschar intact.
- d. Is avoided by the immediate application of a sterile occlusive dressing.

TRUE & FALSE QUESTIONS

15-Skin grafting of a burn wound:

- a. Should usually be with full thickness skin grafts.
- b. Is more likely to be successful if undertaken in the first week after injury.
- c. Will be unsuccessful unless the wound surface is sterile.
- d. Minimizes scar contracture.

16-The prognosis of a burned patient is:

- a. Related to the patient's age.
- b. Related to the area burnt.
- c. Generally better below the age of 10 years.
- d. Very poor in the patient with burns of over 40% surface area.

GIT Surgery

Esophagus

1- For a patient with dysphagia:

- a. Most Important investigation for dysphagia in 60 years old is CT thorax
- b. Barium esophagography is reliable enough for confirming the occurrence of a significant esophageal caustic injury
- c. Barium swallow is an unnecessary test in patients with dysphagia
- d. The presence of non-malignant mid or upper esophageal stricture always indicated the presence of Barrett's esophagus

2- For esophageal carcinoma:

- a. Diverticula, caustic burn and human papilloma virus all are precancerous for carcinoma of the esophagus
- b. Most important prognostic factor for esophageal cancer is cellular differentiation
- c. As regard squamous cell carcinoma of the esophagus carcinoma in situ will gradually progress to invades SCC over a period of two to four years
- d. Squamous cell carcinoma of the esophagus tend to be usually infiltrating

3- As regard the effect of LES pressure:

- a. A fat meal and chocolate ingestion cause decrease in lower esophageal segment pressure
- b. Peppermint produce increase in lower esophageal segment LES pressure
- c. High protein meal increase LES pressure
- d. Cigarette smoking produce no significant changes in LES pressure

4- As regard Plummer Vinson syndrome:

- a. Plummer Vinson syndrome is seen in young females
- b. Plummer Vinson syndrome predispose to malignancy of the oral cavity
- c. Plummer Vinson syndrome associated with upper esophageal dysmotility
- d. It may cause esophageal cancer.

5- As regard esophageal achalasia & diffuse esophageal spasm:

- a. In achalasia, the manometry demonstrated ↑ pressure in the lower esophageal segment
- b. Chest pain and regurgitation are the usual presenting symptoms of achalasia
- c. Chest pain due to esophageal spasm is rapidly distinguished from angina pectoris of cardiac origin.
- d. During manometric assessment of diffuse esophageal spasm unless the patient is having pain. There may be no detectable changes

TRUE & FALSE QUESTIONS

6- As regard esophageal malignancies:

- a. World-wide adenocarcinoma is the most common esophageal malignancy
- b. Squamous cell carcinoma is most common in the distal esophagus whereas adenocarcinoma predominates in the middle 1/3.
- c. Patients with Barret's metaplasia are more likely than the general population to develop adenocarcinoma
- d. Metastasis from esophageal carcinoma are characteristically localized to regional mediastinal LNs adjacent to the tumor.

7- As regard management & prognosis of cancer esophagus:

- a. Most important prognostic factor for esophageal cancer is cellular differentiation
- b. As regarding surgical treatment of esophageal carcinoma the morbidity and mortality rates for cervical esophagogastric anastomotic leak are less than those associated with intrathoracic esophagogastric anastomotic leak
- c. The leading complications of transthoracic esophagectomy and intrathoracic esophagogastric anastomosis are bleeding and wound infection
- d. Transhiatal esophagectomy without thoracotomy achieves better long term survival than transthoracic esophagectomy

Stomach & Duodenum

1- As regard peptic ulcers:

- a. The first line therapy for routine peptic duodenal ulcer disease is vagotomy and antrectomy
- b. Biopsy is indicated in all peptic ulcers as routine
- c. Appropriate management of severe vomiting associated with gastric outlet obstruction from peptic ulcer include nasogastric suction, hydration and oral antacids therapy
- d. Steatorrhea is a common complication of peptic ulcer therapy

2- In Zollinger Ellison syndrome:

- a. It is characterized by multiple recurrent peptic ulceration.
- b. Zollinger-Ellison syndrome can be present by hyperparathyroidism manifestations
- c. Migratory rash is commonly associated with Zollinger-Ellison syndrome
- d. Diarrhea is a common presentation for Zollinger-Ellison Syndrome

3- As regard the indications for highly selective vagotomy:

- a. Highly selective vagotomy is the best choice for duodenal ulcer in heavy smokers
- b. Highly selective vagotomy is indicated for intractable duodenal ulcer disease
- c. Patients with gastric outlet obstruction as a result of peptic ulcer disease requires highly selective vagotomy
- d. Perforated peptic ulcer disease with more than 24 hours indicated highly selective vagotomy

TRUE & FALSE QUESTIONS

4- As regard omeprazole:

- a. As regard omeprazole, it has a short half life (about 90 minutes) when taken orally
- b. Omeprazole can induce gastric neoplasm in long run use
- c. Omeprazole can achieve pharmacologically induced achlohydria
- d. It should be used in eradication of H. pylori.

Spleen, Pancreas & Peritoneum

1- In splenic injury:

- a. The best useful method for detection of splenic injury is diagnostic peritoneal lavage.
- b. Kehr's sign is bruising around 10th and 11th ribs in case of splenic trauma
- c. Cullen's sign is a late sign of hemoperitoneum.
- d. Rupture spleen should always be treated by laparotomy and splenectomy.

2- Postsplenectomy for a hemolytic disorder:

- a. Meningiococci is the commonest infecting organism in postsplenectomy patients
- b. The commonest complications of splenectomy is agranulocytosis
- c. Post-splenectomy bone ache is due to increase liability for infection
- d. Enlargement of accessory spleen may produce recurrence of the problem.

3- As regard pseudopancreatic cyst of pancreas:

- a. The pseudopancreatic cyst is movable across the line of mesentery
- b. Pseudopancreatic cyst is fluid collection in lesser sac.
- c. Pseudopancreatic cyst is common to turn malignant.
- d. The main line in treatment of Pseudopancreatic cyst is conservation.

Hepatobiliary System

1- As regard pyogenic liver abscess:

- a. In pyogenic liver abscess, the right lobe is more commonly involved than left lobe
- b. Appendicitis with perforation and abscess is the most common underlying cause of hepatic abscess
- c. Optimal management of pyogenic liver abscess involve the treatment of the abscess only
- d. Mortality in pyogenic liver abscess is 40%

2- As regard amebic liver abscess:

- a. In contrast to pyogenic liver abscess, the treatment of amoebic abscess is primarily medical
- b. Amebic liver abscess is a true abscess
- c. Amebic liver abscess is the usual fate of amebic dysentery.
- d. Patients with amebic abscess tend to be older than those with pyogenic abscess

TRUE & FALSE QUESTIONS

3- As regard acute calculous cholecystitis:

- a. US is the definitive diagnostic test for acute calculous cholecystitis
- b. The diagnosis of a calculous cholecystitis is often difficult.
- c. Operation should be performed in all patients with acute calculous cholecystitis as soon as the diagnosis is made
- d. The indication for cholecystectomy include presence of gall stones in an symptomatic patient.

4- As regard cholangitis:

- a. Regarding cholangitis, Charcot's triad is always present
- b. The most common cause of cholangitis is choledocolithiasis
- c. Recurrent episodes of cholangitis occur frequently in patients who have indwelling biliary tubes or stents
- d. Complete Charcot's triad occurs in 50 – 70% of patients of acute cholangitis.

5- As regard choledochal cysts:

- a. choledochal cyst is more common in males
- b. diffuse variety of choledochal cyst is the most common
- c. Caroli's disease is diffuse extrahepatic choledochal cysts
- d. The only hope in treatment of Caroli's disease is liver transplantation

Small Bowel

1- As regard bowel obstruction:

- a. Double bubble sign is seen in pyloric stenosis
- b. In case of simple mechanical small bowel obstruction, loss of water and electrolyte is caused mainly secondary to intestinal distension
- c. Most of gas seen on plain abdominal radiographs in case of intestinal obstruction is produced by gas forming micro-organism
- d. Bowel obstruction can not occur in Richter's hernia

2- As regard Meckel's diverticulum:

- a. Meckel's diverticulum is a true diverticulum in which gastric mucosa is the most common ectopic tissue found within it
- b. The most common presentation of symptomatic Meckel's diverticulum is gastrointestinal bleeding
- c. Meckel's diverticulum can cause intestinal obstruction by different mechanisms
- d. Meckel's diverticulum is present symptomatically in 2% of population

3- As regard intestinal obstruction:

- a. Peritoneal adhesions account for over half of the cases of small bowel obstruction
- b. A leading cause of bowel obstruction is early postoperative adhesions
- c. High small intestinal obstruction presents by early constipation and late vomiting
- d. Sign de dance is present in intussusception

TRUE & FALSE QUESTIONS

4- As regard paralytic ileus:

- a. Regarding paralytic ileus, the presence of peritonitis at the time of original operation delays the return of normal bowel function
- b. The routine use of metocloperamide will hasten the return of small intestinal motor activity in case of paralytic ileus
- c. Clinically, auscultation reveals exaggerated intestinal sounds
- d. Assessment of K^+ level is useful in determination of its cause

5- As regard carcinoid syndrome:

- a. Carcinoid syndrome occurs only when hepatic metastasis are present
- b. Foregut carcinoid tumors cause atypical carcinoid syndrome hindgut tumors are rarely, if ever associated with the syndrome
- c. Primary carcinoid of caecum with no metastasis can't give rise to manifestations of carcinoid syndrome.
- d. It usually presents with systemic symptoms as flushing & bronchospasm

6- As regard T.B. enteritis:

- a. T.B. enteritis is usually caused by human bacilli
- b. T.B. enteritis usually affects duodenum and jejunum
- c. Secondary tuberculous enteritis is more common than primary
- d. Primary tuberculous enteritis occurs in debilitated patients

7- Which of the following is considered in the etiology of neonatal intestinal obstruction:

- a. Esophageal atresia
- b. Hirschsprung disease
- c. Ileo-colic intussusception
- d. Volvulus of sigmoid colon

Appendix, Colon, Rectum & Anal Canal

1- As regard risk factors for cancer colon:

- a. Malignancy is associated with duration as well as extent of ulcerative colitis.
- b. Carotene is a precancerous for carcinoma colon.
- c. F.A.P. has malignant potentiality in 100% of patients.
- d. Diverticulosis predisposes to cancer colon.

2- In diagnosis of Hirschsprung disease:

- a. The most diagnostic tool is rectal biopsy demonstrating aganglionsis.
- b. Barium enema should be done after colonic preparation.
- c. The suggestive findings in the barium enema include dilated colon & reversed recto-sigmoid ratio.
- d. History taking is not of great importance in diagnosis of the disease.

TRUE & FALSE QUESTIONS

3- Diverticular disease of the colon:

- a. Is most common in the tropics.
- b. Increases in incidence with advancing age.
- c. Is associated with hypertrophied muscle in sigmoid colon.
- d. Is precancerous.

4- In ulcerative colitis:

- a. The colonic mucosa demonstrates multiple wide ulcers & inflammatory changes.
- b. There may be fibrosis of the colonic wall.
- c. Colonic pseudopolyps are a feature of the early stages of the disease.
- d. Extensive inflammatory changes also occur in the ileum.

5- Surgical treatment of ulcerative colitis:

- a. Is usually by subtotal colectomy.
- b. Is usually undertaken as an emergency measures.
- c. May reduce the risk of colonic cancer.
- d. Is often indicated for colitis confined to the recto-sigmoid region.

6- Crohn's disease:

- a. Is associated with an anal fissure or fistula in the majority of cases.
- b. May produce a diffuse granular proctitis.
- c. Is usually associated with ileal or colonic Crohn's disease.
- d. Is characterized by long periods of remission.

7- A volvulus of the colon:

- a. Most frequently occurs in Eastern Europe & Africa.
- b. Most frequently occurs on the right side & includes the caecum.
- c. Usually produces abdominal distension which is most marked on the left side.

8- A right sided colonic cancer frequently presents with:

- a. Anemia.
- b. Intestinal obstruction.
- c. Rectal bleeding.
- d. An abdominal mass.

9- A left sided colonic cancer frequently presents with:

- a. Anemia.
- b. Intestinal obstruction.
- c. Rectal bleeding.
- d. Abdominal pain.

10-The early diagnosis of rectal cancer may be most reliably achieved by:

- a. Rectal & sigmoidoscopic examination.
- b. Barium enema examination.
- c. Fecal occult blood estimations.
- d. Detailed investigation of all patients with iron deficiency anemia.

TRUE & FALSE QUESTIONS

11-Rectal cancer:

- a. Is usually of squamous cell origin.
- b. Usually metastasizes by lymphatic spread.
- c. Frequently presents with fecal impaction.
- d. Frequently requires a barium enema for accurate diagnosis.

12-Internal hemorrhoids:

- a. Usually cause pruritis.
- b. Are often associated with intense pain.
- c. Often become infected.
- d. Will often resolve after conservative treatment.

13-An anal fissure:

- a. Is an ulcer of the anal mucosa.
- b. Usually lies anteriorly.
- c. Is more common in men.
- d. Can usually be treated conservatively.

14-Rectal prolapse:

- a. Is commonly seen in infants.
- b. Is commonly seen in the elderly.
- c. Is often associated with poor anal tone.
- d. May in some cases be successfully treated by hemorrhoidectomy.

15-Carcinoma of the anus:

- a. Is generally an adenocarcinoma.
- b. Readily spreads to the inguinal LNs.
- c. Has a similar prognosis to rectal carcinoma.
- d. Should be treated by an abdominoperineal resection of rectum.

16-As regard acute appendicitis:

- a. Most common age group for acute appendicitis is 30 – 40 years.
- b. Appendicitis is the most common cause of acute abdomen in young adults.
- c. Appendicitis in old ages has poor prognosis.
- d. Vomiting is characteristic and almost always present in case of acute appendicitis.

17-Acute appendicitis:

- a. Is most common in the 30 – 40 year age group.
- b. Characteristically presents with a high temperature.
- c. Is often associated with painful extension of the right hip.
- d. May produce hematuria & pyuria.

18-Appendicitis is:

- a. More common in females.
- b. Distributed evenly throughout the world's population.
- c. More likely to occur if the appendix is in the retrocaecal position.
- d. Commonly the result of appendicular obstruction.

TRUE & FALSE QUESTIONS

19-The physical signs of early appendicitis:

- a. Are generally of more diagnostic value than the patient's history.
- b. Usually include muscle guarding in the right iliac fossa.
- c. Usually include pyrexia above 38.5°C.
- d. Do not include rectal tenderness.

20-Patients with early appendicitis:

- a. Usually present with central abdominal pain.
- b. Rarely present with anorexia.
- c. Have usually vomited on one or two occasions.
- d. Usually complain of similar attacks of pain in the previous few weeks.

21-Investigation of a case of acute appendicitis:

- a. Will usually reveal a polymorphnuclear leucocytosis.
- b. Often shows microscopic hematuria.
- c. Usually reveals hemoconcentration.
- d. Often reveals fluid levels in the right iliac fossa on an erect X-ray of the abdomen.

22-Likely differential diagnosis in a young woman with appendicitis include:

- a. Ovulatory pain.
- b. Ruptured ectopic pregnancy.
- c. Colonic diverticulosis.
- d. Caecal carcinoma.

Answers

General Surgery

- | | | | | |
|-----|------|------|------|------|
| 1- | a. T | b. F | c. F | d. T |
| 2- | a. T | b. F | c. T | d. T |
| 3- | a. T | b. T | c. F | d. T |
| 4- | a. T | b. F | c. F | d. T |
| 5- | a. F | b. T | c. T | d. F |
| 6- | a. T | b. T | c. F | d. T |
| 7- | a. T | b. T | c. T | d. F |
| 8- | a. F | b. F | c. F | d. T |
| 9- | a. F | b. T | c. F | d. F |
| 10- | a. T | b. T | c. T | d. F |
| 11- | a. T | b. T | c. F | d. F |
| 12- | a. F | b. T | c. F | d. F |
| 13- | a. T | b. F | c. T | d. F |
| 14- | a. F | b. T | c. T | d. T |
| 15- | a. F | b. T | c. F | d. T |
| 16- | a. T | b. T | c. F | d. T |
| 17- | a. F | b. T | c. T | d. T |
| 18- | a. F | b. F | c. T | d. T |
| 19- | a. F | b. T | c. T | d. T |
| 20- | a. T | b. T | c. T | d. F |
| 21- | a. F | b. F | c. T | d. T |
| 22- | a. T | b. T | c. F | d. T |
| 23- | a. T | b. F | c. T | d. T |
| 24- | a. F | b. T | c. T | d. F |
| 25- | a. T | b. F | c. T | d. F |

Breast

- | | | | | |
|-----|------|------|------|------|
| 1- | a. F | b. F | c. F | d. F |
| 2- | a. F | b. T | c. T | d. T |
| 3- | a. T | b. F | c. T | d. F |
| 4- | a. F | b. F | c. F | d. T |
| 5- | a. T | b. F | c. F | |
| 6- | a. F | b. T | c. F | d. T |
| 7- | a. F | b. F | c. F | d. F |
| 8- | a. T | b. F | c. T | d. F |
| 9- | a. T | b. F | c. F | d. F |
| 10- | a. T | b. T | c. F | d. F |
| 11- | a. F | b. T | c. F | d. F |
| 12- | a. T | b. T | c. F | d. T |
| 13- | a. F | b. T | c. F | d. T |
| 14- | a. T | b. T | c. F | d. F |
- e. F
e. T

Thyroid

- | | | | | | |
|-----|------|------|------|------|------|
| 1- | a. F | b. T | c. T | d. F | |
| 2- | a. T | b. T | c. F | d. F | |
| 3- | a. F | b. F | c. F | d. T | e. F |
| 4- | a. T | b. F | c. F | d. F | |
| 5- | a. T | b. T | c. F | d. T | |
| 6- | a. F | b. T | c. T | d. F | |
| 7- | a. T | b. T | c. F | d. T | |
| 8- | a. F | b. T | c. T | d. T | |
| 9- | a. F | b. T | c. T | d. F | |
| 10- | a. F | b. T | c. F | d. F | |
| 11- | a. T | b. T | c. F | d. T | |
| 12- | a. F | b. T | c. F | d. F | |
| 13- | a. T | b. F | c. T | d. F | |

Parathyroid & Adrenal Glands

- | | | | | |
|----|------|------|------|------|
| 1- | a. F | b. F | c. F | d. F |
| 2- | a. T | b. T | c. F | d. T |
| 3- | a. T | b. T | c. T | d. F |
| 4- | a. F | b. T | c. F | d. F |
| 5- | a. F | b. F | c. T | d. F |
| 6- | a. F | b. F | c. F | d. T |

Testis

- | | | | | |
|----|------|------|------|------|
| 1- | a. F | b. F | c. F | d. F |
| 2- | a. T | b. F | c. F | d. F |
| 3- | a. T | b. T | c. T | d. F |
| 4- | a. F | b. T | c. T | d. F |

Hernia

- | | | | | |
|-----|------|------|------|------|
| 1- | a. F | b. F | c. T | d. T |
| 2- | a. F | b. F | c. T | d. T |
| 3- | a. F | b. T | c. T | d. T |
| 4- | a. T | b. F | c. F | d. F |
| 5- | a. T | b. T | c. F | d. F |
| 6- | a. F | b. F | c. T | d. T |
| 7- | a. T | b. F | c. T | d. T |
| 8- | a. F | b. F | c. F | d. F |
| 9- | a. T | b. T | c. T | d. F |
| 10- | a. T | b. T | c. T | d. T |

Vascular Surgery

- | | | | | |
|----|------|------|------|------|
| 1- | a. F | b. F | c. F | d. F |
| 2- | a. F | b. T | c. T | d. F |
| 3- | a. T | b. F | c. F | d. F |
| 4- | a. F | b. F | c. F | d. F |
| 5- | a. T | b. T | c. F | d. T |

- | | | | | |
|-----|------|------|------|------|
| 6- | a. F | b. F | c. F | d. T |
| 7- | a. T | b. T | c. F | d. F |
| 8- | a. F | b. F | c. T | d. F |
| 9- | a. T | b. F | c. F | d. T |
| 10- | a. F | b. F | c. F | d. T |
| 11- | a. F | b. F | c. T | d. F |
| 12- | a. T | b. F | c. T | d. T |
| 13- | a. F | b. T | c. T | d. F |
| 14- | a. T | b. F | c. T | d. F |
| 15- | a. F | b. T | c. F | d. F |
| 16- | a. F | b. T | c. T | d. T |
| 17- | a. F | b. T | c. F | d. T |

Orthopedic Surgery

- | | | | | |
|----|------|------|------|------|
| 1- | a. T | b. T | c. F | d. F |
| 2- | a. F | b. F | c. F | d. F |
| 3- | a. F | b. T | c. T | d. F |
| 4- | a. F | b. T | c. T | d. F |
| 5- | a. F | b. T | c. F | d. T |
| 6- | a. F | b. F | c. T | d. F |
| 7- | a. T | b. F | c. T | |

d. T (with capsulated organisms, if the patient didn't receive the vaccines of capsulated organisms)

- | | | | | |
|-----|------|------|------|------|
| 8- | a. F | b. F | c. F | d. T |
| 9- | a. F | b. T | c. F | d. F |
| 10- | a. T | b. F | c. F | d. T |
| 11- | a. F | b. T | c. F | d. T |
| 12- | a. T | b. T | c. F | d. T |
| 13- | a. F | b. F | c. F | d. T |
| 14- | a. T | b. T | c. T | d. F |
| 15- | a. F | b. T | c. F | d. T |
| 16- | a. F | b. F | c. T | d. T |
| 17- | a. F | b. F | c. T | d. T |
| 18- | a. F | b. F | c. T | d. T |
| 19- | a. F | b. F | c. F | d. T |
| 20- | a. T | b. T | c. F | d. F |

Neurosurgery

- | | | | | |
|-----|------|------|------|------|
| 1- | a. F | b. T | c. T | d. T |
| 2- | a. T | b. T | c. F | d. F |
| 3- | a. T | b. F | c. F | d. T |
| 4- | a. F | b. F | c. T | d. T |
| 5- | a. T | b. T | c. F | d. T |
| 6- | a. T | b. F | c. F | d. F |
| 7- | a. F | b. F | c. T | d. T |
| 8- | a. F | b. T | c. T | d. T |
| 9- | a. F | b. T | c. T | d. T |
| 10- | a. F | b. T | c. T | d. F |

- | | | | | |
|-----|------|------|------|------|
| 11- | a. F | b. F | c. T | d. F |
| 12- | a. T | b. T | c. T | d. F |

Urosurgery

- | | | | | |
|-----|------|------|------|--|
| 1- | a. F | b. T | c. F | d. F |
| 2- | a. F | b. T | c. F | d. T |
| 3- | a. F | b. F | c. T | d. T |
| 4- | a. F | b. F | c. F | d. F |
| 5- | a. F | b. T | c. F | d. T |
| 6- | a. F | b. F | c. F | d. T |
| 7- | a. F | b. F | c. T | d. T |
| 8- | a. F | b. F | c. T | d. F |
| 9- | a. T | b. F | c. F | d. F (usually transitional cell carcinoma) |
| 10- | a. F | b. F | c. F | d. F |
| 11- | a. F | b. F | c. F | d. T |
| 12- | a. F | b. T | c. F | d. T |
| 13- | a. F | b. F | c. F | d. T |
| 14- | a. T | b. F | c. T | d. F |
| 15- | a. F | b. F | c. T | d. F |
| 16- | a. F | b. T | c. T | d. F |
| 17- | a. T | b. T | c. F | d. F |
| 18- | a. F | b. T | c. F | d. T |
| 19- | a. F | b. T | c. T | d. F |
| 20- | a. F | b. T | c. T | d. T |
| 21- | a. F | b. F | c. T | d. F |
| 22- | a. T | b. T | c. T | d. F |
| 23- | a. T | b. T | c. F | d. T |

Cardiothoracic Surgery

- | | | | | |
|----|------|------|------|------|
| 1- | a. T | b. T | c. F | d. T |
| 2- | a. T | b. F | c. F | d. T |
| 3- | a. T | b. T | c. F | d. F |
| 4- | a. F | b. T | c. T | d. T |
| 5- | a. F | b. T | c. T | d. F |
| 6- | a. F | b. T | c. T | d. F |
| 7- | a. T | b. F | c. F | d. F |
| 8- | a. F | b. F | c. T | d. F |

Plastic Surgery

- | | | | | |
|-----|------|------|------|------|
| 1- | a. T | b. F | c. T | d. F |
| 2- | a. F | b. T | c. T | d. T |
| 3- | a. T | b. F | c. F | d. F |
| 4- | a. F | b. F | c. T | d. F |
| 5- | a. T | b. T | c. F | d. F |
| 6- | a. T | b. F | c. F | d. F |
| 7- | a. T | b. F | c. F | d. F |
| 8- | a. T | b. T | c. F | d. F |
| 9- | a. F | b. F | c. T | d. T |
| 10- | a. T | b. T | c. T | d. F |

- | | | | | |
|-----|------|------|------|------|
| 11- | a. F | b. T | c. T | d. F |
| 12- | a. T | b. T | c. T | d. F |
| 13- | a. T | b. T | c. F | d. F |
| 14- | a. T | b. F | c. F | d. F |
| 15- | a. F | b. F | c. F | d. T |
| 16- | a. T | b. T | c. F | d. F |

GIT Surgery

Esophagus

- | | | | | |
|----|------|------|------|------|
| 1- | a. F | b. F | c. F | d. T |
| 2- | a. T | b. F | c. T | d. F |
| 3- | a. T | b. F | c. T | d. F |
| 4- | a. F | b. T | c. T | d. T |
| 5- | a. F | b. F | c. F | d. T |
| 6- | a. F | b. F | c. T | d. F |
| 7- | a. F | b. T | c. F | d. F |

Stomach & Duodenum

- | | | | | |
|----|------|------|------|------|
| 1- | a. F | b. F | c. F | d. F |
| 2- | a. T | b. T | c. T | d. T |
| 3- | a. F | b. T | c. F | d. F |
| 4- | a. F | b. F | c. T | d. T |

Spleen, Pancreas & Peritoneum

- | | | | | |
|----|------|------|------|------|
| 1- | a. F | b. F | c. T | d. T |
| 2- | a. F | b. F | c. F | |

d. T → The condition is well-reported and accessory spleen may be found in many sites, the commonest is Splenic ligaments. They should be looked for & removed during splenectomy if found.

- | | | | | |
|----|------|------|------|------|
| 3- | a. F | b. T | c. F | d. T |
|----|------|------|------|------|

Hepatobiliary System

- | | | | | |
|----|------|------|------|------|
| 1- | a. T | b. F | c. F | d. F |
| 2- | a. T | b. F | c. F | d. F |
| 3- | a. F | b. T | c. F | d. F |
| 4- | a. F | b. T | c. T | d. T |
| 5- | a. F | b. T | c. F | d. T |

Small Bowel

- | | | | | |
|----|------|------|------|------|
| 1- | a. F | b. T | c. F | d. T |
| 2- | a. T | b. T | c. T | |

d. F → is present in 2% of population & symptomatic in only 2% of those people

- | | | | | |
|----|------|------|--|--|
| 3- | a. T | b. F | | |
|----|------|------|--|--|

c. F → early vomiting & late constipation.

d. T → this sign indicates empty right iliac fossa & suggestive of ilio-colic intussusception.

- | | | | | |
|----|------|------|--|--|
| 4- | a. T | b. F | | |
|----|------|------|--|--|

c. F → dead silence if the usual finding in these cases.

d. T → hypokalemia is one of the leading causes for paralytic ileus.

- | | | | | |
|----|------|------|------|------|
| 5- | a. F | b. T | c. T | d. T |
|----|------|------|------|------|

- 6- a. T b. F c. T d. F
- 7- a. T → and present with neonatal vomiting.
 b. T → and present with delayed passage of meconium.
 c. F → usually occurs beyond 5 months of age & rarely before this.
 d. F → occurs in adults.

Appendix, Colon, Rectum & Anal Canal

- 1- a. T b. F c. T d. F
- 2- a. T
 b. F → should be done without colonic preparation or even inflation of the balloon of the Foley's catheter to avoid deflation of the dilated colonic segment.
 c. T
 d. F → history of delayed passage of meconium for more than 24 hrs after delivery is almost pathognomonic of Hirschsprung disease.
- 3- a. F b. T c. T d. F
- 4- a. T b. T c. F d. F
- 5- a. F b. F c. T d. F
- 6- a. T b. T c. T d. F
- 7- a. T b. F c. T d. T
- 8- a. T b. F c. F d. T
- 9- a. F b. T c. T d. T
- 10- a. T b. F c. F d. T
- 11- a. F b. T c. F d. F
- 12- a. T b. F c. F d. T
- 13- a. T b. F c. F d. T
- 14- a. T b. T c. T d. T
- 15- a. F b. T c. T d. T
- 16- a. F b. T c. T d. F
- 17- a. F b. F c. T d. T
- 18- a. F b. F c. F d. T
- 19- a. F b. T c. F d. F
- 20- a. T b. F c. T d. F
- 21- a. T b. T c. F d. F
- 22- a. T b. T c. F d. F